Guidelines for OVHA Coverage

ITEM: Orthotics

DEFINITION: "An orthosis is a rigid or semi-rigid device that is used for the purpose of supporting a weak or deformed body member, or restricting or eliminating motion in a diseased or injured part of the body." (Tricenturion). The support must occur in such a way that proper alignment of the joint results, to avoid damage to the joint and surrounding tissue. An orthotic may also assist a body part in moving, in order to improve function (such as in a spring assisted ankle orthotic).

GUIDELINES: An orthotic may be appropriate for the individual who:

- Has a medical condition resulting in the need for support, proper alignment, restriction/elimination of motion, or assistance with motion in combination with support, from the part of the body affected by the medical condition AND
- Where the device has been prescribed by a participating Medicaid provider along with supporting documentation AND
- Where the device is properly evaluated for, and fitted by, a professional practitioner with specialized skills in the area of orthotics.

Orthotics requiring Prior Authorization, with specific guidelines:
Helmet: Craniostenosis, molded to patient model. Craniostenosis is " a congenital deformity of the skull resulting from premature closure of the sutures between the cranial bones…surgery is generally indicated when multiple sutures are fused in order to relieve cerebral pressure …" (Mosby)

- Molded to patient means that the orthotic is custom fabricated by making an impression of the specific body part, taking detailed measurements of the body part, or uses computer generated imaging of the body part to create an orthosis which conforms specifically to the individual's body shape and dimensions. There is a code for nonmolded helmets that does not require prior authorization. (Tricenturion)

Unlisted procedure for spinal orthoses. There are many codes for spinal orthoses. This description for a spinal orthosis is used for any spinal orthosis that does not fit in to any of the other descriptions listed for spinal orthosis. Supporting documentation as to the reasons why standardized devices cannot be used must accompany the request for an unlisted procedure for spinal orthoses.

Thoracic-hip-knee-ankle orthosis (Newington and Parapodium types), mobility frame. This type of orthotic device is used with individuals with paraplegia or paraparesis, with impairment of the trunk and leg musculature. The device is primarily used for standing, although it permits a small degree of forward movement. Supporting documentation must accompany a request for any device under this procedure code, demonstrating the beneficiary's ability and motivation to utilize this type of device as evidenced by involvement in an intensive physical therapy program where use of this device or a similar device has been practiced.

Thoracic-hip-knee-ankle orthosis, standing frame. This type of orthotic device is used with individuals with paraplegia or paraparesis, or levels of quadriparesis or quadriplegia that have adequate upper body function to balance and stabilize themselves while using this device. Supporting documentation must accompany a request for any device under this procedure code, demonstrating the beneficiary's ability and motivation to utilize this type of device as evidenced by involvement in an intensive physical therapy program where use of this device or a similar device has been practiced.

Thoracic-hip-knee-ankle orthosis, swivel walker. This type of orthotic device is used with individuals with paraplegia or paraparesis, with impairment of the trunk and leg musculature, and permits a limited form of movement that approximates reciprocal gait on smooth surfaces only.

Addition to lower extremity orthosis, carbon graphite lamination. This lamination is used for orthotics that require strength and flexibility, and need to be lightweight but not bulky. Supporting documentation must accompany the request that specifies the rationale for the addition of carbon graphite lamination.

Unlisted procedures for lower extremity orthoses. This description is for orthotic devices or components not otherwise listed. Supporting documentation must explain the rationale for the use of an unlisted device.

Ambulatory surgical boot. This type of orthotic uses plastic, strong fabric, and/or pneumatic chambers to support a lower extremity, permitting ambulation while protecting the injured limb from injury. These devices are used for individuals with lower extremity injuries, including ankle instability, fractures, soft tissue and muscular injuries, swelling and difficult fitting problems. Diabetic shoes are listed in the A codes. Supporting documentation must explain the rationale for the surgical boot rather than a form-fitted orthosis or cast.

Shoe modification: lift - elevation, heel and sole, tapered to the metatarsals, per inch. (outside the shoe). This type of orthotic elevates the rear foot, tapering to the fore foot, to correct a leg length discrepancy or to allow clearance of a weak leg on the opposite side, during gait. Caution should be exercised in that the taper results in a plantar flexed positioning of the ankle during the 'stance' phase of gait. This changes the biomechanics of gait and also can result in ankle contracture.

Shoe modification: lift - elevation, heel and sole, neoprene, per inch (outside the shoe). This type of orthotic elevates and cushions the foot. It is appropriate for individuals with pain on weight bearing due to bony or soft tissue injury and tenderness, who have a leg length discrepancy or have a weak leg on the opposite side that cannot adequately clear the ground during the 'swing' phase of gait

Shoe modification: lift - elevation, heel and sole, cork, per inch (outside the shoe). This type of orthotic elevates and provides some cushioning, but not to the extent that

neoprene does. It is appropriate for individuals who have a leg length discrepancy or have a weak leg on the opposite side that cannot adequately clear the ground during the 'swing' phase of gait.

Shoe modification: Lift – elevation, metal extension 'skate' (outside the shoe). This device is for individuals with a substantial leg length discrepancy where the use of a solid sole would be too heavy to elevate the leg during the 'swing' phase of gait.

Shoe modification: lift – elevation, inside shoe, tapered, up to one half inch. This orthotic is used to compensate for a leg length discrepancy, or to help a weak opposite leg clear the floor during the 'swing' phase of gait. Caution should be used when using a tapered lift as it places the ankle in a plantar flexed position during the 'stance' phase of gait. This changes the biomechanics of gait and can also result in ankle contracture. More than ½" of lift can create significant discomfort of the foot in the shoe, and can impede proper fit of the shoe.

Shoe modification: lift – elevation, heel, per inch (outside the shoe). This orthotic is used to compensate for a leg length discrepancy, or to help a weak opposite leg clear the floor during the 'swing' phase of gait. Caution should be used as the device places the ankle in a plantar flexed position during the 'stance' phase of gait. This changes the biomechanics of gait and can also result in ankle contracture.

Unlisted procedures for orthopedic shoes, shoe modifications, and transfers. This description is limited to devices that are not otherwise listed. Supporting documentation must demonstrate the need for a device not otherwise specified in existing descriptions.

Wrist – hand- finger orthosis, external powered, electric, custom fabricated. This device is a dynamic orthotic in that it assists the disabled hand in performing grasp and release tasks via electrical stimulation. Supporting documentation must accompany the request for prior authorization, demonstrating the functional need for the device and other steps that have been taken to assist the individual with these tasks, including: physical and/or occupational therapy for compensatory techniques, use of assistive aids and strengthening of the affected limb. Supportive documentation must also include the ability and motivation of the individual to use the device for functional purposes.

Upper extremity orthoses, which are mobile arm supports attached to a wheelchair. These devices are appropriate for individuals with limitations in upper extremity strength and function, who need support and positioning while performing functional tasks when seated in their wheelchair. The individual must have some upper extremity motion to initiate the motion of the mobile arm support. The appropriate code is dependent upon the individual's specific limitations. Supporting documentation must include the motoric limitations and abilities of the upper extremities, the functional improvements with use of the device, demonstration of the utility of the device and the motivation of the beneficiary as demonstrated by involvement in an intensive physical and/or occupational therapy program training the beneficiary in use of the device.

Unlisted procedures for upper extremity orthoses. This code is limited to devices that are not otherwise listed. Supporting documentation must demonstrate the need for a device not otherwise specified in existing codes.

CAUTIONS: See each specific code.

EXAMPLES OF DIAGNOSES: Spinal cord injury, cerebrovascular accident, cerebral palsy, multiple sclerosis, polio and post-polio syndrome, spina bifida.

REFERENCES:

Lower Limb Orthotics, 1981, New York University, N.Y.

Regional Medical Review Policies, 16.03, 16.04, 16.06. Tricenturion LLC, Columbia, SC. www.tricenturion.com.

The Illustrated Guide to Orthotics and Prosthetics, 1992, National Office of Orhotics and Prosthetics, Alexandria, VA

Mosby's Medical and Nursing Dictonary, 1983 Mosby Co., St. Louis, MO.

Medical Director's signature:_____

OVHA Director's signature:_____

Date:
Revision 1:
Revision 2:
Revision 3: